## APPLICATION DATA SHEET

| Application Information               |  |  |
|---------------------------------------|--|--|
| Application Number::                  |  |  |
| Filing Date::                         | Herewith                                     |  |
| Application Type::                    | Regular                                      |  |
| Subject Matter::                      | Utility                                      |  |
| Suggested Classification::            |  |  |
| Suggested Group Art Unit::            |  |  |
| CD-ROM or CD-R::                      | None   |  |
| Number of CD disks::                  |  |  |
| Number of Copies of CDs::             |  |  |
| Sequence Submission?::                | Yes  |  |
| Computer Readable Form (CRF)?::       | No   |  |
| Number of Copies of CRF::             | 0  |  |
| Title::                               | PREVENTION AND TREATMENT OF HYPERGASTRINEMIA |  |
| Attorney Docket Number::              | ACG2BUSA .                                   |  |
| Request for Early Publication?        | No   |  |
| Request for Non-Publication?          | No   |  |
| Suggested Drawing Figure::            |  |  |
| Total Drawing Sheets::                | 12   |  |
| Small Entity::                        | Yes  |  |
| Latin name::                          |  |  |
| Variety denomination name             |  |  |
| Petition Included::                   | No   |  |
| Petition Type                         |  |  |
| Licensed US Govt. Agency::            |  |  |
| Contract or Grant Number::            |  |  |
| Secrecy Order in Parent Application:: |  |  |
|                                       |  |  |

| Applicant Information                   |                          |  |
|---|--------------------------|--|
| Applicant Authority Type::              | Inventor                 |  |
| Primary Citizenship Country::           | United States of America |  |
| Status::                                | Full Capacity            |  |
| Given Name::                            | Philip                   |  |
| Middle Name::                           | C.                       |  |
| Family Name::                           | Gevas                    |  |
| Name Suffix::                           |                          |  |
| City of Residence::                     | Key Biscayne             |  |
| State or Province of Residence::        | Florida                  |  |
| Country of Residence::                  | United States of America |  |
| Street of Mailing Address::             | 881 Ocean Drive #23D     |  |
| City of Mailing Address::               | Key Biscayne             |  |
| State or Province of Mailing Address::  | Florida                  |  |
| Country of Mailing Address::            | United States of America |  |
| Postal or Zip Code of Mailing Address:: | 33149                    |  |

| Applicant Information                   |                          |  |
|---|--------------------------|--|
| Applicant Authority Type::              | Inventor                 |  |
| Primary Citizenship Country::           | United States of America |  |
| Status::                                | Full Capacity            |  |
| Given Name::                            | Stephen                  |  |
| Middle Name::                           |                          |  |
| Family Name::                           | Grimes                   |  |
| Name Suffix::                           |                          |  |
| City of Residence::                     | Davis                    |  |
| State or Province of Residence::        | California               |  |
| Country of Residence::                  | United States of America |  |
| Street of Mailing Address::             | 551 Rutgers Drive        |  |
| City of Mailing Address::               | Davis                    |  |
| State or Province of Mailing Address::  | California               |  |
| Country of Mailing Address::            | United States of America |  |
| Postal or Zip Code of Mailing Address:: | 95616                    |  |

| Applicant Information                   |                          |  |
|---|--------------------------|--|
| Applicant Authority Type::              | Inventor                 |  |
| Primary Citizenship Country::           | United States of America |  |
| Status::                                | Full Capacity            |  |
| Given Name::                            | Stephen                  |  |
| Middle Name::                           |                          |  |
| Family Name::                           | Karr                     |  |
| Name Suffix::                           |                          |  |
| City of Residence::                     | Davis                    |  |
| State or Province of Residence::        | California               |  |
| Country of Residence::                  | United States of America |  |
| Street of Mailing Address::             | 2265 Halsey Circle       |  |
| City of Mailing Address::               | Davis                    |  |
| State or Province of Mailing Address::  | California               |  |
| Country of Mailing Address::            | United States of America |  |
| Postal or Zip Code of Mailing Address:: | 95616                    |  |

| Inventor                 |
|--------------------------|
| United States of America |
| Full Capacity            |
| Dov                      |
|                          |
| Michaeli                 |
|                          |
| Larkspur                 |
| California               |
| United States of America |
| 21 Marina Vista Avenue   |
| Larkspur                 |
| California               |
| United States of America |
| 94939                    |
|                          |

| Applicant Information                   |                  |  |
|---|------------------|--|
| Applicant Authority Type::              | Inventor         |  |
| Primary Citizenship Country::           | United Kingdom   |  |
| Status::                                | Full Capacity    |  |
| Given Name::                            | Susan            |  |
| Middle Name::                           |                  |  |
| Family Name::                           | Watson           |  |
| Name Suffix::                           |                  |  |
| City of Residence::                     | Edwalton         |  |
| State or Province of Residence::        | Nottingham       |  |
| Country of Residence::                  | United Kingdom   |  |
| Street of Mailing Address::             | 5 Seatolla Close |  |
| City of Mailing Address::               | Edwalton         |  |
| State or Province of Mailing Address::  | Nottingham       |  |
| Country of Mailing Address::            | United Kingdom   |  |
| Postal or Zip Code of Mailing Address:: | NG2 6RB          |  |

| Correspondence Information              |  |  |
|---|--|--|
| Correspondence Customer Number::        | 00270                                  |  |
| Name::                                  | Howson and Howson                      |  |
| Street of Mailing Address               | Spring House Corporate Center, Box 457 |  |
| City of Mailing Address                 | Spring House                           |  |
| State or Province of Mailing Address    | Pennsylvania                           |  |
| Country of Mailing Address              | US                                     |  |
| Postal or Zip Code of Mailing Address:: | 19477                                  |  |
| Phone Number::                          | 215-540-9200                           |  |
| Fax Number::                            | 215-540-5818                           |  |
| E-Mail Address::                        | mebak@howsonandhowson.com              |  |

| Representative Information        |                     |      |
|-----------------------------------|---------------------|------|
| Representative Customer No. 00270 | Registration Number | Name |

| Domestic Priority Information |   |                    |                    |
|-------------------------------|---|--------------------|--------------------|
| Application                   | Continuity Type   | Parent Application | Parent Filing Date |
| This Application              | Continuation of   | 09/700,329         | 02/08/01           |
| 09/700,329                    | National Stage of   | PCT/US99/10751     | 05/14/99           |
| PCT/US99/10751                | An application claiming the benefit under 35 USC § 119(e) | 60/085,714         | 05/15/98           |

| Assignee Information                    |  |  |
|---|--|--|
| Assignee Name::                         | Aphton Corporation   |  |
| Street of Mailing Address::             | Brickell Bay View Center<br>80 SW 8th Street<br>Suite 2160 |  |
| City of Mailing Address::               | Miami  |  |
| State or Province of Mailing Address::  | Florida  |  |
| Country of Mailing Address::            | United States of America                                   |  |
| Postal or Zip Code of Mailing Address:: | 33130-2492   |  |